

Site/Department	Vendor/Contractor	Contract Amount	Funding Source	Board Approval Date
Special Education	Cypress School	\$81,184.34	General Fund - Special Education	1/21/2021
Special Education	Futures Academy	\$86,400.00	General Fund - Special Education	1/21/2021
Special Education	STAR Academy	\$75,852.00	General Fund - Special Education	1/21/2021
Special Education	Heartspring	\$162,611.67	General Fund - Special Education	1/21/2021
Special Education	Alpine Academy	122,620.00	General Fund - Special Education	1/21/2021
	Total	\$528,668.01		

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

Date: 12/18/2020

From: Amber Vigil/Holly Wade

Site(s) or Department: Special Education

Special Education

Number of Quotes: 1

Vendor/Contractor: Cypress School

Reason for proposal:

To pay for student's educational program and related services provided by NPS- Cypress School.

Certificate of Insurance: N/A

Contract Amount: \$81,184.34

Funding Source: General Fund - Special Education

Approved by:

Amber Vigil

12/18/2020

Anna Tang

12/18/2020

Personnel who oversees Site/Department budget

Vanessa Castano

01/06/2021

Manager of Capital Facilities and Purchasing

Valerie Miller

01/06/2021

Director of Budget and Fiscal Services

[illegible]

(Education Code Sections 56365 et seq.)

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Intensive Individual Services (340)		√		5.38 hours /daily	\$27 hr	209	\$30,359.34
Language/Speech Therapy (415) a. Individual b. Group		√		180 min/month	\$95 hr	12 months	\$3420.00
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450)		√		240 min/month	\$95 hr	12 months	\$4,560.00
Physical Therapy (460)							
Individual Counseling (510)							
Counseling and guidance (515).							
Parent Counseling (520)							

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)							
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Services (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
Specialized Orthopedic Service (740)							
Reader Services (745)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)		√		60 min/year	n/c		
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Other Transition Services (890)							
Other (900)J							
Other (900)							
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COST \$ 38,339.34

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 81,184.341

4. Other Provisions/Attachments:

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

6. Progress Reporting
Requirements:

Quarterly

Monthly

Other (Specify)

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

-LEA -

CYPRESS SCHOOL

(Name of Nonpublic School/Agency)

SAN MATEO UNION HIGH SCHOOL DISTRICT

(Name of LEA)



9/1/2020

(Signature)

(Date)

(Holly Wade, Director SpEd)

(Date)

Nate Yates

(Name and Title) Director



(Kevin Skelly, Ph.D., Superintendent)

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

Date: 12/17/2020

From: Amber Vigil/Holly Wade

Site(s) or Department: Special Education

Special Education

Number of Quotes: 1

Vendor/Contractor: STAR Academy

Reason for proposal:

To pay for student's educational program and related services provided by NPS- STAR Academy.

Certificate of Insurance: N/A

Contract Amount: \$75,852.00

Funding Source: General Fund - Special Education

Approved by:

Amber Vigil 12/17/2020 Anna Tang 12/17/2020

Personnel who oversees Site/Department budget

Vanessa Castano 01/06/2021

Manager of Capital Facilities and Purchasing

Valerie Miller 01/06/2021

Director of Budget and Fiscal Services

[illegible]

**INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL
OR NONPUBLIC AGENCY SERVICES**
(Education Code Sections 56365 et seq.)

This agreement is effective on August 17, 2020 or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2021, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency SAN MATEO UNION HIGH SCHOOL DISTRICT Nonpublic School STAR Academy

LEA Case Manager: Name Holly Wade, DIRECTOR SPED Phone Number 650-558-2265

Pupil Name [REDACTED] (Last) [REDACTED] (First) [REDACTED] (M.I.) Sex: [REDACTED]

Address [REDACTED] City [REDACTED] State/Zip [REDACTED]

DOB [REDACTED] Residential Setting: [REDACTED]

Parent/Guardian [REDACTED] Phone [REDACTED] () [REDACTED]

Address [REDACTED] (Residence) City [REDACTED] (Business) State/Zip [REDACTED]

(If different from student)

AGREEMENT TERMS:

- Nonpublic School:* The average number of minutes in the instructional day will be: _____ during the regular school year
_____ during the extended school year
- Nonpublic School:* The number of school days in the calendar of the school year are: _____ during the regular school year
_____ during the extended school year
- Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.*

A. INCLUSIVE AND/OR BASIC EDUCATION PROGRAM RATE: (Applies to nonpublic schools only): Daily Rate: _____

Estimated Number of Days 200 x Daily Rate \$304.26 = PROJECTED BASIC EDUCATION COSTS \$60,852

B. RELATED SERVICES:

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Intensive Individual Services (340)							
Language/Speech Therapy (415) a. Individual b. Group							
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450)							
Physical Therapy (460)							
Individual Counseling (510)							
Counseling and guidance (515).							
Parent Counseling (520)							

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Social Work Services (525)							
Psychological Services (530)							
Behavior Intervention Services (535)							
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Services (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
Specialized Orthopedic Service (740)							
Reader Services (745)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Other Transition Services (890)							
Other (900)J							
Other (900)							
Transportation		X			\$75/day	200	\$15,000
Bus Passes							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COST \$ 15,000

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 75,852

4. Other Provisions/Attachments:

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

6. Progress Reporting Requirements:	Quarterly	Monthly	Other (Specify)
	_____	_____	_____

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

-LEA -

Star Academy
(Name of Nonpublic School/Agency)

Maggie Coburn 12/10/2020
(Signature) (Date)

Maggie Coburn, Business Manager
(Name and Title)

SAN MATEO UNION HIGH SCHOOL DISTRICT

(Name of LEA)

Holly Wade 12/16/2020
(Holly Wade Director SpEd) (Date)

(Kevin Skelly, Ph.D., Superintendent) (Date)

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

Date: 11/30/2020

From: Amber Vigil/Holly Wade

Site(s) or Department: Special Education

Special Education

Number of Quotes: 1

Vendor/Contractor: Futures Academy

Reason for proposal:

To pay for student's educational program and related services provided by Futures Academy.

Certificate of Insurance: N/A

Contract Amount: \$86,400.00

Funding Source: N/A

Approved by:

Amber Vigil

11/30/2020

Anna Tang

12/01/2020

Personnel who oversees Site/Department budget

Vanessa Castano

12/04/2020

Manager of Capital Facilities and Purchasing

Valerie Miller

12/08/2020

Director of Budget and Fiscal Services

[illegible]



310000118709
Futures Academy - San Mateo
1840 Gateway Drive, Suite 100
San Mateo CA 94404
800.425.7876

Enrollment Agreement

Please read this agreement carefully. To enroll in courses for the upcoming school year, a signed copy of this agreement and a minimum 20% deposit is due. Before beginning classes, all prior balances must be current. The undersigned Parent(s) or Guardian(s) are financially responsible to pay the Student's tuition balance on or before their respective due dates.

Student Information		Parent/Guardian Information	
First Name		Guardian	
Last Name			Other Guardian
Phone		Phone	
ID		Relationship	
Semester(s)	2020 Fall & 2021 Spring	Email	

2020 Fall: 08/31/2020 - 01/22/2021					2021 Spring: 01/25/2021 - 05/28/2021				
Course	Cred	Difficulty Level	Sessions	Req	Course	Cred	Difficulty Level	Sessions	Req
English 11A + Boost	5.00	College Prep	22	19	English 11B + Boost	5.00	College Prep	22	19
Chemistry in the Community - Lab - A + Boost	5.00	College Prep	27	24	Chemistry in the Community - Lab - B + Boost	5.00	College Prep	27	24
Algebra 1Y + Boost	5.00	College Prep	22	19	Algebra 1Z + Boost	5.00	College Prep	22	19
Game Design 1A + Boost	5.00	College Prep	22	19	Game Design 1B + Boost	5.00	College Prep	22	19
iLit English Language Development 11A	5.00	College Prep	22	19	Junior Seminar	5.00	College Prep	22	19
Foundation Boost - Math	5.00	General	18		Geometry A + Boost	5.00	College Prep	22	19
iLit Writing Workshop	5.00	College Prep	22	19	Geometry B + Boost	5.00	College Prep	22	19
					iLit English Language Development 11B	5.00	College Prep	22	19
					iLit English Language Development Reading & Writing	5.00	College Prep	22	19
					Health + Boost	5.00	College Prep	22	19
					US History B + Boost	5.00	College Prep	22	19
					iLit English Language Development Reading & Writing	5.00	College Prep	22	19
Subtotal: Tuition					\$65,400.00*				

*Tuition includes all books, lab fees, yearbook, and graduation fee if applicable.

Academic Support Services		
Service	Quantity	Amount
Instruction Boost	12.00	\$18,000.00
AAN - Single	15.00	\$1,500.00
Subtotal: Premium Services		\$19,500.00

SUMMARY

Registration Fee:

\$1,500.00

*Prices are subject to change without prior notice. Please contact your local campus for current rates.

Holly Wade 11/20/2020
Signature of Parent, Guardian or Responsible Party Date
Holly Wade, Director of Special Education 11/20/2020
Print Name of School Official Date

Signature of Parent, Guardian or Responsible Party Date
Signature of School Official Date



Futures Academy - San Mateo
1840 Gateway Drive, Suite 100
San Mateo CA 94404
800.425.7876

Enrollment Agreement

Tuition:	\$65,400.00
Support Services:	\$19,500.00
Convenience Fee:	\$0.00
<hr/>	
Total Due:	\$86,400.00

11/20/2020

Signature of Parent, Guardian or Responsible Party Date

Holly Wade, Director of Special Ed 11/20/2020
Print Name of School Official Date

Signature of Parent, Guardian or Responsible Party Date

Signature of School Official Date



Enrollment Agreement

Disclosures Required Under the Federal Truth in Lending Act

A 20% deposit is required upon signing of the Enrollment Agreement.

Deposit/Upfront Payment	
Amount	\$75,350.00
Date Paid	08/31/2020
Method	Check
Payor	School District
Payment Details	Check Number: 000

A 4.5% convenience fee will be added to any and all payment plans with more than 3 installments.

*Amount Financed = Tuition – Deposit/Upfront Payment

*Amount Due = Amount Financed + Convenience Fee

Parent(s) or Guardian(s) agree to pay tuition and fees for the full academic year in accordance with the terms of the below payment plan options. A payment schedule with Truth and Lending Act Disclosures is attached below:

11/20/2020

Signature of Parent, Guardian or Responsible Party Date
Holly Wade, Director of Special Ed

11/20/2020

Print Name of School Official Date

Signature of Parent, Guardian or Responsible Party Date

Signature of School Official Date

Enrollment Agreement

CONTRACTUAL OBLIGATION TO PAY TUITION: EACH PERSON SIGNING THE CONTRACT IS LIABLE FOR THE TOTAL PAYMENT OBLIGATION WHEN DUE. THE OBLIGATION IS NOT AFFECTED BY ANY PRIVATE AGREEMENTS BETWEEN PARENTS OR OTHER PARTIES, OR ANY COURT ORDERS REGARDING RESPONSIBILITY FOR PAYMENT OF EDUCATIONAL EXPENSES.

I understand that the School reserves the right to dismiss or bar any student from classes and/or school for non-payment of tuition. The school may, at its discretion, allow the student to return to classes if the outstanding balance due is paid within fifteen (15) days of notice. Non-payment of tuition or fees due under this Agreement may, at Futures' option, result in the students dismissal from the School.

Parent(s) or Guardian(s) is guarantor of payment and assumes financial obligation with signature.

TUITION SCHEDULE: Tuition will vary depending upon the Student's schedule. If a payment plan is agreed upon, the timing of payments may not coincide with the number of appointments scheduled. Payments must be paid in full prior to course completion. Payment plans are only accepted via ACH, check, cash or credit card and will be charged monthly.

CHARGED APPOINTMENTS: A scheduled appointment includes a reserved day, time, and instructor. Scheduled appointments are charged even if the student does not attend.

COURSE COMPLETION: Students are expected to complete a traditional semester course within 22 scheduled sessions. 22 sessions include 15 individualized instructional appointments, 4 assessments and 3 additional sessions if needed. There is an exception to the number of appointments required for Course Completion for AP Courses, Honors Courses and Middle School Courses.

CLASS EXPIRATIONS: Each class contains a set number of individual sessions. All class sessions expire 25 weeks after the date the first session is attended. Exceptions are made for classes placed 'on hold'. In all other cases, the sessions expire after 25 weeks and the tuition is forfeited. After 25 weeks, if the course has not been completed, make up sessions will be required and must be purchased to complete the course.

ADDITIONAL APPOINTMENTS (AAN): is incurred when a student requires additional class sessions to successfully complete a course. Additional class sessions may be required due to: excessive absences with less than 48 hours notification, excessive tardiness, and/or not completing homework at mastery. Per enrolled course, students have three (3) opportunities to call out absent or not complete their work at mastery. Above and beyond the three (3) opportunities, parents/guardians are required to provide 48 hour notice to the campus of any absence. As a school, we understand there are situations that may require you to call your child out absent with less than 48 hours notice. In these extenuating circumstances, we will work to reschedule class sessions.

BOOST SESSIONS: Boost sessions are intended to close gaps in content knowledge and for optimal results, attendance is required. If a student is absent from a Boost session with less than 48 hours notification, the session is forfeited.

CHANGING THE LEVEL OF THE COURSE: No refund of the tuition difference between an AP/Honors course and a traditional course will be provided in the event a student withdraws from an AP/Honors course to enroll in a traditional course.

STUDENT AND PARENT/GUARDIAN CONDUCT: A positive and constructive relationship between the School and the Student, and the School and the Parents/Guardians, is essential to the School's educational purpose. Parents/Guardians and students are obligated to abide by the terms of the Parent/Guardian/Student Handbook, as it may be revised from time to time. The School, in its sole discretion, retains the right to suspend or expel the Student. The School further retains the right to end the Student's enrollment should the Parent(s)/Guardian(s) cause disruption to the School.

WITHDRAWAL POLICY FOR DOMESTIC STUDENTS: If a student decides not to start a class, the tuition for that class will be refunded or credited in full. If a student starts a class that is subsequently dropped, the student will receive a tuition credit or refund based on the refund schedule noted below. The number of weeks will be based on the number of weeks between the date attendance was first posted in the dropped class and the date the class is dropped (written withdrawal notice is required). The refund will first be applied to any unpaid tuition and the remaining amount will be issued as a credit toward future services or a refund. Refunds are issued within 60 days. NOTE: There is no refund for Boost Sessions or Tutoring packages, they must be used within the school year or are forfeited.

Schedule	Amount Refunded
Prior to the start of class	100%
Weeks* 1 - 4	80%
Weeks* 5 - 8	50%
After Week* 8	0%

*defined as consecutive calendar weeks from the date attendance was first posted in the dropped class.

WITHDRAWAL POLICY FOR INTERNATIONAL STUDENTS: Once a student is enrolled, all tuition is non-refundable (regardless of whether the student decides not to start class or withdraws at any time in the semester). The only exception to this policy is if a student is denied a visa for any reason; in which case the student must provide documentation for Visa denial. After Visa denial documentation has been reviewed and confirmed, Futures will refund all tuition paid for the student.

INTEGRATION CLAUSE: This Enrollment Agreement contains all of the terms and conditions agreed upon by the parties. Any prior agreements, promises, negotiations, or representations, either oral or written, relating to the subject matter of this Enrollment Agreement, not expressly set forth in this agreement, are of no force or effect. This Enrollment Agreement cannot be amended, modified, or supplemented in any respect except by a written agreement signed by all of the parties to this contract.

ENFORCEMENT OF ENROLLMENT AGREEMENT: In the event that any action is brought or an attorney retained for enforcement of this Enrollment Agreement, or the collection of any sums due under its terms, the undersigned guarantor agrees to pay reasonable attorneys' fees and costs incurred by the School in addition to any other damages to which the School may be entitled including interest at 10% per year (or the highest rate permitted by law, whichever is less) accrued from the date any sums are due. The School will assess any such interest on the total balance due on the last day of each month.

PENALTIES FOR COLLECTIONS/REJECTED PAYMENTS: A \$50 cost will be added to the account balance if the account is sent to collections. Additionally, there is a \$35 charge for rejected ACH withdrawals or bounced checks.

FUTURES PROMISE: The Client Promise ("Promise") a.k.a. The Parent Promise is included with all new full-time enrollments (4 or more classes) for Fall or Spring semesters (excludes summer semesters) beginning November 20, 2020 and continuing until further notice. The Promise allows Clients to enroll their Student(s) financially risk-free (except as provided below) for the first 30 calendar days of each applicable semester. Should Client notify Futures of Client's decision to withdraw their Student(s) from ALL Futures classes for a Fall or Spring semester within 30 calendar days from date of the first scheduled class session, all funds paid with respect to such semester (other than amounts paid in connection with school activities, field trips, etc.) will be fully refunded and all amounts remaining due for such semester will be forgiven. The Promise supersedes, where applicable, Future's standard refund policy as described in the handbook. After the first 30-day period, Future's standard refund policy will again apply. The Promise is non-transferable and not redeemable for cash.

Holly Wade
11/20/2020
Signature of Parent, Guardian or Responsible Party Date
Holly Wade, Director of Special Ed 11/20/2020
Print Name of School Official Date

Signature of Parent, Guardian or Responsible Party Date
Signature of School Official Date

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

Date: 12/01/2020

From: Amber Vigil/Holly Wade

Site(s) or Department: Special Education

Special Education

Number of Quotes: 1

Vendor/Contractor: Alpine Academy

Reason for proposal:

To pay for student's educational program and related services provided by NPS- Alpine Academy.

Certificate of Insurance: N/A

Contract Amount: \$122,620.00

Funding Source: N/A

Approved by:

Amber Vigil 12/01/2020 Anna Tang 12/01/2020

Personnel who oversees Site/Department budget

Vanessa Castano 12/04/2020

Manager of Capital Facilities and Purchasing

Valerie Miller 12/08/2020

Director of Budget and Fiscal Services

[illegible]

**INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL
OR NONPUBLIC AGENCY SERVICES**
(Education Code Sections 56365 et seq.)

This agreement is effective on 10/13/20 or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2021, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency SAN MATEO UNION HIGH SCHOOL DISTRICT Nonpublic School /Agency Alpine Academy

LEA Case Manager: Name Holly Wade, DIRECTOR SPED Phone Number 650-558-2265

Pupil Name [REDACTED] Sex: [REDACTED]
(Last) (First) (M.I.)

Address [REDACTED] City [REDACTED] State/Zip [REDACTED]

DOB [REDACTED] Residential Setting: ☐ Home ☐ Foster ☐ LCI # [REDACTED] ☐ OTHER [REDACTED]

Parent/Guardian [REDACTED] Phone [REDACTED]
(Residence)

Address [REDACTED] City [REDACTED] State/Zip [REDACTED]
(If different from student)

AGREEMENT TERMS:

1. *Nonpublic School:* The average number of minutes in the instructional day will be: _____ during the regular school year
_____ during the extended school year
2. *Nonpublic School:* The number of school days in the calendar of the school year are: _____ during the regular school year
_____ during the extended school year
3. *Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.*

A. INCLUSIVE AND/OR BASIC EDUCATION PROGRAM RATE: (Applies to nonpublic schools only): Daily Rate: \$180.00

Estimated Number of Days 154 x Daily Rate \$180.00 = PROJECTED BASIC EDUCATION COSTS \$27,720.00

B. RELATED SERVICES:

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Intensive Individual Services (340)							
Language/Speech Therapy (415) a. Individual b. Group							
Adapted Physical Ed. (425)							
Health and Nursing: Specialized Physical Health Care (435)							
Health and Nursing Services: Other (436)							
Assistive Technology Services (445)							
Occupational Therapy (450)							
Physical Therapy (460)							
Individual Counseling (510)		X		60 minutes/weekly			Included
Counseling and guidance (515).		X		180 minutes/weekly			Included
Parent Counseling (520)		X		50 minutes/2X weekly			Included
Social Work Services (525)							

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Psychological Services (530)							
Behavior Intervention Services (535)							
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Services (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
Specialized Orthopedic Service (740)							
Reader Services (745)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)		X		30 minutes monthly			Included
Vocational Assessment, Counseling, Guidance and Career Assessment (830)							
Career Awareness (840)		X		30 minutes monthly			Included
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Other Transition Services (890)							
Other (900)J Mental Health		X		\$150/Daily/260 Days			\$39,000
Other (900) Room and Board		X		\$215 Daily/260 days			\$55,900
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Other							

ESTIMATED MAXIMUM RELATED SERVICES COST \$ \$94,900

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ 122,620

4. Other Provisions/Attachments:

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

6. Progress Reporting
Requirements:

Quarterly

Monthly

Other (Specify)

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

-LEA -

Alpine Academy

(Name of Nonpublic School/Agency)

Angie Alvey

(Signature)

11/17/2020

(Date)

Angie Alvey, Academic Director

(Name and Title)

SAN MATEO UNION HIGH SCHOOL DISTRICT

(Name of LEA)

Holly Wade

11/17/2020

(Holly Wade, Director SpEd)

(Date)

(Kevin Skelly, Ph.D., Superintendent)

(Date)

SAN MATEO UNION HIGH SCHOOL DISTRICT

CONTRACT FOR BOARD APPROVAL (Over 25K)

To: Board of Trustees

Date: 01/06/2021

From: Amber Vigil/Holly Wade

Site(s) or Department: Special Education

Special Education

Number of Quotes: 1

Vendor/Contractor: Heartspring

Reason for proposal:

To pay for student's educational program and related services provided by NPS-Heartspring.

Certificate of Insurance: Philadelphia Indemnity Insurance Co.

Contract Amount: \$162,611.67

Funding Source: General Fund - Special Education

Approved by:

Amber Vigil 01/06/2021 Anna Tang 01/07/2021

Personnel who oversees Site/Department budget

Vanessa Castano 01/07/2021

Manager of Capital Facilities and Purchasing

Valerie Miller 01/11/2021

Director of Budget and Fiscal Services

[illegible]

INDIVIDUAL SERVICES AGREEMENT (ISA) FOR NONPUBLIC, NONSECTARIAN SCHOOL OR NONPUBLIC AGENCY SERVICES

(Education Code Sections 56365 et seq.)

This agreement is effective on June 1, 2020 or the date student begins attending a nonpublic school or receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on December 31, 2020, unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency SAN MATEO UNION HIGH SCHOOL DISTRICT Nonpublic School /Agency Heartspring

LEA Case Manager: Name Holly Wade, DIRECTOR SPED Phone Number 650-558-2265

Pupil Name [REDACTED] (Last) [REDACTED] (First) [REDACTED] (M.I.) Sex: [REDACTED]

Address [REDACTED] City [REDACTED] State/Zip [REDACTED]

DOB [REDACTED]

Parent/Guardian [REDACTED] Phone [REDACTED] () [REDACTED]

Address [REDACTED] (Residence) City [REDACTED] State/Zip [REDACTED]
(If different from student)

AGREEMENT TERMS:

1. *Nonpublic School*: The average number of minutes in the instructional day will be: 410 during the regular school year
410 during the extended school year
2. *Nonpublic School*: The number of school days in the calendar of the school year are: 197 during the regular school year
57 during the extended school year
3. *Educational services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below.*

A. INCLUSIVE AND/OR BASIC EDUCATION PROGRAM RATE: (Applies to nonpublic schools only): Daily Rate: \$11,670.00 per month

Estimated Number of Months 6 x Daily Rate \$11,670.00 per month = PROJECTED BASIC EDUCATION COSTS \$70,020.00

B. RELATED SERVICES:

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP, or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Intensive Individual Services (340)							
Language/Speech Therapy (415) a. Individual b. Group		x x		50 min/week	\$95/30 min \$95/30 min	26	\$4,115.67
Adapted Physical Ed. (425)		x			included		
Health and Nursing: Specialized Physical Health Care (435)					included		
Health and Nursing Services: Other (436)					included		
Assistive Technology Services (445)							
Occupational Therapy (450)							
Physical Therapy (460)							
Individual Counseling (510)							
Counseling and guidance (515).							
Parent Counseling (520)				60 min/year	included		

SERVICE	Provider			# of Times per wk/mo/yr., Duration; or per IEP; or as needed	Cost per session	Maximum Number of Sessions	Estimated Maximum Total Cost for Contracted Period
	LEA	NPS	OTHER Specify				
Social Work Services (525)							
Psychological Services (530)				60 min/week	included		
Behavior Intervention Services (535)				15 min/week	\$95/30 min	26	\$1,235.00
Specialized Services for Low Incidence Disabilities (610)							
Specialized Deaf and Hard of Hearing Services (710)							
Interpreter Services (715)							
Audiological Services (720)							
Specialized Vision Services (725)							
Orientation and Mobility (730)							
Braille Transcription (735)							
Specialized Orthopedic Service (740)							
Reader Services (745)							
Note Taking Services (750)							
Transcription Services (755)							
Recreation Services (760)							
College Awareness Preparation (820)							
Vocational Assessment, Counseling, Guidance and Career Assessment (830)				120 min/week	included		
Career Awareness (840)							
Work Experience Education (850)							
Mentoring (860)							
Agency Linkages (865)							
Travel Training (870)							
Other Transition Services (890)							
Other (900)J							
Other (900)							
Transportation-Emergency b. Transportation-Parent							
Bus Passes							
Other: Room & Board		x		Per month	\$14,540.00	6	87,240.00

ESTIMATED MAXIMUM RELATED SERVICES COST \$ \$92,591.67

TOTAL ESTIMATED MAXIMUM BASIC EDUCATION AND RELATED SERVICES COSTS \$ \$162,611.67

4. Other Provisions/Attachments:

5. MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

6. Progress Reporting
Requirements:

Quarterly

Monthly

Other (Specify)

_____ X _____

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

-LEA -

Heartspring

(Name of Nonpublic School/Agency)

SAN MATEO UNION HIGH SCHOOL DISTRICT

(Name of LEA)

(Signature)

(Date)

(Holly Wade, Director SpEd)

(Date)

Karina Forrest-Perkins, President & CEO

(Name and Title)

(Kevin Skelly, Ph.D., Superintendent)

(Date)

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

7/28/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services LLC 245 N Waco Ste 412 Wichita, KS 67202 316 263-3211		CONTACT NAME: Susan Kempton PHONE (A/C, No, Ext): 316 494-6173 FAX (A/C, No): 316 263-6995 E-MAIL ADDRESS: susan.kempton@usi.com	
		INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Indemnity Insurance Co.	NAIC # 18058
INSURED Heartspring, Inc. 8700 E 29th St N Wichita, KS 67226		INSURER B: Accident Fund General Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	12304

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2101901	03/01/2020	03/01/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			PHPK2101901	03/01/2020	03/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10000			PHUB712636	03/01/2020	03/01/2021	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N	N / A	2000028246	03/01/2020	03/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	Professional Liability			PHPK2101901	03/01/2020	03/01/2021	1,000,000 Each Occ. 3,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

San Mateo County SELPA is an Additional Insured on the General Liability if required by written contract.
 The Umbrella Liability coverage goes over the underlying General Liability, Professional Liability, Auto Liability and Worker's Compensation coverage.

CERTIFICATE HOLDER**CANCELLATION**

San Mateo County SELPA
 101 Twin Dolphin Drive
 Redwood City, CA 94065-1064

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

